




PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 2959-B		
Serial No.	10/648,136	Filing Date	August 26, 2003	Examiner	Maher M. Haddad	
				Group Art Unit	1644	
In Re Application of Kendall M. Mohler et al.						
For METHODS FOR TREATING AUTOIMMUNE AND CHRONIC INFLAMMATORY CONDITIONS USING ANTAGONISTS OF CD30 AND CD30L						
TO THE COMMISSIONER FOR PATENTS:						
<input type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$120.00)						
<input type="checkbox"/> Two months of original due date (\$450.00)						
<input type="checkbox"/> Three months of original due date (\$1,020.00)						
<input type="checkbox"/> Four months of original due date (\$1,590.00)						
<input type="checkbox"/> Five months of original due date (\$2,160.00)						
<input checked="" type="checkbox"/> A response:						
<input checked="" type="checkbox"/> is filed herewith.						
<input type="checkbox"/> has been filed.						
<input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.						
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims		Minus	=	0	x \$50	= \$ 0.00
Indep. Claims		Minus	=	0	x \$200	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$360
Total Additional Fee for this Amendment						\$ 0.00
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.						
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.						
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.						
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input checked="" type="checkbox"/> The following other fees are incurred by the accompanying papers.						
<input checked="" type="checkbox"/> Other: <u>Terminal Disclaimer</u>						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$130.00. A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
Please Send Future Correspondence To:						
<b>22932</b>						
Immunex Corporation						
Law Department						
1201 Amgen Court West						
Seattle, Washington 98119-3105						
(206) 265-7000						
						
Susan E. Lingenfelter						
Attorney/Agent for Applicant(s)						
Registration No.: 41,156						
Phone: (206) 265-7340						
Date: March 2, 2006						

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

March 2 2006  
Date

  
Kathleen E. Prindle